

STATE OF VERMONT ENHANCED 9-1-1

Application for DISABILITY DESIGNATION (S)

Background/Instructions:

It is helpful to emergency responders to know if someone with a disability is located at the place where an emergency is reported. The information you provide will be included only in the Enhanced 9-1-1 system database for use by emergency response or Public Safety Call-taking personnel. It will not be disclosed to any other governmental agency.

To designate yourself or someone at your address with a disability, please complete this form.

1) Please check one: ___ NEW APPLICATION ___ CORRECTED APPLICATION

2) Please indicate by marking with an "X" the box describing the disability designation(s) that apply to you or a member of your household. This will alert the Enhanced 9-1-1 Call-taker to one or more of the following conditions:

- ☐ **"LSS" Life Support System** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is linked to equipment required to sustain his or her life.
- ☐ **"M I" Mobility Impaired** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is bedridden, uses a wheelchair or has another permanent mobility impairment.
- ☐ **"B" Blind** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is legally blind.
- ☐ **"D H H" Deaf & Hard of Hearing** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is deaf or hard of hearing.
- ☐ **"T T Y" Teletypewriter** - alerts the Enhanced 9-1-1 Call-taker that communication via the telephone with someone at the address may be by TTY.
- ☐ **"S I" Speech Impaired** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is speech impaired.
- ☐ **"D D" Developmentally Disabled** - alerts the Enhanced 9-1-1 Call-taker that someone at the address has some degree of cognitive disability.

I understand that I am responsible for submitting correct information on this application and for correcting it at such time in the future when it is no longer valid or correct. A verification process may take place during the period that this application is active.

3) Name of Person submitting this document _____
Please Print

Signature

Date

Enhanced 9-1-1 Locatable Address
(Street number & name, Apartment # if applicable, City/Town, State, ZIP)

Telephone Number (802) _____

PLEASE MAIL THE COMPLETED FORM TO:

**STATE OF VERMONT
ENHANCED 9-1-1 BOARD
94 STATE STREET
MONTPELIER, VT 05620-6501**

ALL INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND CONFIDENTIAL. IT WILL ONLY BE USED IN CONNECTION WITH THE VERMONT ENHANCED 9-1-1 SYSTEM.

If you make any change in your telephone service involving your name, telephone number or address, you must submit a NEW properly completed "Disability Code(s)" form for this designation to be applied to your revised Enhanced 9-1-1 record.

Copies of this form are available at your city or town clerk's office, or copies may be obtained by calling toll-free, 1-800-342-4911. TTY users should call the Vermont Telecommunications Relay Service (1-800-253-0191) to reach this toll-free number.

Incomplete forms will be returned to you. Your request will not be processed until a properly completed form is received.

QUESTIONS: Please call 1-800-342-4911, Monday – Friday, 8:30 AM – 4:00 PM if you have any questions regarding completion of the form. TTY users should call the Vermont Telecommunications Relay Service (1-800-253-0191) to reach this toll-free number.